

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101556903

FILING DATE

11-15-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4	3			1		
5	3					
6	1					
7	2					
8	2					
9	2					
10	1		1			
11	1					
12	1					
13	1					
14	1					
15	2					
16	2					
17	2					
18	2					
19	2					
20						
21						
22						
23	1			1		
24	1			1		
25	1			1		
26	1	1		1		
27	1		1			
28		1		1		
29						
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31						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			↓	7	↓	
TOTAL DEP.			←	2	←	
TOTAL CLAIMS			26	.	.	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.				←		
TOTAL CLAIMS						